



**State of New Jersey  
Department of Human Services  
Division of the Deaf and Hard of Hearing**

**DDHH Mobile Pilot Project Application Form**

The New Jersey Division of the Deaf and Hard of Hearing will provide one free device to those who are deaf or hard of hearing and who meet income eligibility requirements. To determine if you meet the income requirement, how many members are in your household?

The 2021 income guidelines are listed below	2021 Federal Poverty Guidelines
Number of persons in family/household 400% for everywhere, except Alaska and Hawaii	
1	\$ 51,520
2	\$ 69,680
3	\$ 87,840
4	\$106,000
5	\$124,160
For each additional person, add \$18,160	Source U.S. Department of Health and Human Services

It is recommended that you return the completed form via fax or as an email attachment. Incomplete and missing documentation will not be processed.

A limited number of items are available in this pilot project.

## **DDHH Mobile Pilot Project**

**Please follow this checklist to complete this application.**

- A clear readable copy of a NJ government issued ID, such as a driver's license or identification card
- A copy of your NJ telephone bill and/or internet service showing your name, address, and telephone number – if you currently do not have internet service you may be able to obtain low-cost service via the [FCC](#)
- A copy of your most recent pay stubs or source of income, i.e., SSI, SSDI or a copy of your most recent Federal Income Tax Form 1040 and/or NJ Income Tax Form 1040
- Return all pages of this form and documentation to:

**DDHH Mobile Pilot Project  
PO Box 074  
Trenton, NJ 08625-0074**

**Fax: 609-588-2528**

**[DDHH.communications2@dhs.nj.gov](mailto:DDHH.communications2@dhs.nj.gov)**

## DDHH Mobile Pilot Project

### Application Form

Please type or print clearly in blue or black ink.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### Mailing Address

Street – line 1: \_\_\_\_\_

Street – line 2: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Voice      VP      Fax      TTY/TDD      Cell

Email: \_\_\_\_\_

#### Physical Address *(If not the same as mailing address)*

Street – line 1: \_\_\_\_\_

Street – line 2: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Proof of Identity

Please provide a copy of each item as described below:

A copy of NJ government issued ID, such as a driver's license or identification card

A copy of your NJ telephone bill and/or internet service showing your name, address, and telephone number

A copy of your most recent pay stub or source of income, i.e., SSI, SSDI or a copy of your most recent Federal Income Tax Form 1040 and/or NJ Income Tax Form 1040

How do you identify your disability: (Please select one)

Deaf Hard of Hearing:      Mild      Moderate      Profound

**All statements I have made in this application are true and correct to the best of my knowledge.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DDHH Mobile Pilot Project

### Certification of Disability

**Certifier:** Please identify and verify that the applicant will benefit from the use of the requested technology. Please type or print clearly in blue or black ink.

**Applicant's Name:** \_\_\_\_\_

Today's date: \_\_\_\_\_

**Certifier's Name**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street – Line 1: \_\_\_\_\_

Street – Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Certification/License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Your Profession:

Doctor / Physician

Audiologist or Hearing Aid Specialist

Speech Pathologist

Other (Please describe – Educator, Social Worker, Teacher of the Deaf):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DDHH Mobile Pilot Project

### NJ DDHH Conditions of Acceptance

I understand and agree to the following:

- The NJ DDHH is not responsible for my Wi-Fi telephone service or bills.
- If I change my address or phone number in New Jersey, I will provide updated information to NJ DDHH within 30 days.
- I will make arrangements to return my device in the event of my death.
- If I move to another state all associated services will be terminated – no warranty, etc.
- If device is not working, I will NOT try to repair it or take it apart. I will contact NJ DDHH for instructions on returning the device. Device, including all accessories, should be returned to the manufacturer in the original boxes if the warranty has not expired.
- If device is reported as lost, a replacement will **not** be allowed.
- If device is stolen or damaged by someone other than me, I will report it to the police and provide a copy of the report to NJ DDHH.
- I will not sell, pawn, give, or loan it to others outside my household.
- If I am a minor, the device, obligations, and responsibilities will be transferred to me when I turn 18.
- It is against the law to file false statements regarding the application or device.
- If I fail to follow these Conditions of Acceptance, I can be denied future equipment from NJ DDHH.
- Limit of one device per household and wait five years before receiving another device.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DDHH Mobile Pilot Project

All Smartphones offered in this program are “unlocked” so that you may choose the service provider of your choice. If a Smartphone is selected, you must agree to get a cellular service plan from a provider. The tablets are Wi-Fi only and do not require a service plan.

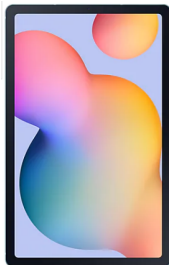
All devices include a 3 year warranty. We urge you to purchase a protective case for the device you select. DDHH does not provide cases. These devices are subject to breakage if they are dropped and with the protective case it is less likely you will damage the device if it is dropped. DDHH will not replace a device that is damaged due to breakage.

Your device will come with the following deaf and hard of hearing apps pre-installed: IP Relay, Video Relay Service, IP Captioned Telephone Service, Video Calls & Video Messaging.

For those of you who need low-cost internet service there may be an option through the FCC Emergency Broadband Benefit - <https://www.fcc.gov/broadbandbenefit>



Tablet - Apple iPad Wi-Fi Only 32GB  
\*Requires Access to Internet Service.



Tablet - Samsung Galaxy S6 Lite Wi-Fi Only 64GB  
\*Requires Access to Internet Service.



Smartphone - Apple iPhone 11 Wi-Fi & 4G 64GB  
\*Requires Cellular Service Plan.



Smartphone - Google Pixel 4a Wi-Fi & 4G 128GB  
\*Requires Cellular Service Plan.

### Imaging (Pre-Loading Apps)

Teltex images the Smartphone or Tablet device with approved apps for telecommunications and communications, specific to the consumer's disability or disabilities. The imaging of the Smartphone or Tablet device allows for consumers to immediately use the device upon receiving it. The breakdown of app packages is included below.

### **Deaf & Hard of Hearing**

- IP Relay
  - IP Relay is a form of Telecommunications Relay Service (TRS) that enables persons with hearing and speech disabilities to communicate with voice telephone users through mobile equipment. The Communication Assistant facilitates the call.
  - The Smartphone or Tablet device can accomplish this by accessing IP Relay Service through the built-in Wi-Fi and installed app and using the Smartphone or Tablet touch screen to type outgoing communication to the Communication Assistant and read incoming communication from the Communication Assistant.
    - Sprint IP Relay
- Video Relay Service
  - Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment. The Interpreter facilitates communication
  - The Smartphone or Tablet device can accomplish this by accessing Video Relay Service through the built-in Wi-Fi and installed app and using the iPad front facing camera to communicate.
    - Convo
    - Sorenson nTouch
    - ZVRS Z5
- IP Captioned Telephone Service
  - IPCTS is a form of Telecommunications Relay Service (TRS) that allows a person with hearing loss but who can use his or her own voice and has some residual hearing, to speak directly to the called party and then

## DDHH Mobile Pilot Project – Additional Information

listen, to the extent possible, to the other party and simultaneously read captions of what the other party is saying.

- The Smartphone or Tablet device can accomplish this by accessing IP Captioned Telephone Service through the built-in 4G and installed app, using the Smartphone or Tablet device screen to read the captions to communicate while using a landline or wireless phone to speak and use residual hearing.
  - InnoCaption
  - CaptionMate
  - ClearCaptions
  - Hamilton CapTel<sup>3</sup>
- Video Calls & Video Messaging
  - Video Calls enable persons with hearing disabilities who use American Sign Language (ASL) or Speech Reading to communicate through their Smartphone or Tablet device.
  - The Smartphone or Tablet device can accomplish this by accessing Video Calls through the built-in 4G and installed apps and using the Smartphone or Tablet device front facing camera to communicate.
    - Skype
    - Glide
    - Google Duo
    - Marco Polo

All Smartphone or Tablet devices have the following native apps for telecommunications and communications:

- Mail
- FaceTime (iOS only)
- Messages
- Phone (only on Smartphones)

All Smartphone or Tablet devices have the below app that is required for the Mobile Device Management (MDM) Server enrollment and remote support:

- AirWatch